

APR. 17 2013

**UNITED STATES HOUSE OF REPRESENTATIVES**

For New Members, Candidates, and New Employees

Page 1 of 6  
LEGISLATIVE RESOURCE CENTER

18 APR 25 PM 12:54

Name: **Douglas S. Chin**

Daytime Telephone: \_\_\_\_\_

U.S. HOUSE OF REPRESENTATIVES  
OFFICE OF THE CLERK

*(Signature)*  
(Office Use Only)

FILER STATUS		New Member or Candidate for U.S. House of Representatives Candidates - Date of Election: <u>August 11, 2018</u>	State: Hawaii District: 01	<input type="checkbox"/> Check if Amendment
		New Officer or Employee Employing Office: _____	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	Period Covered: January 1, 2012 to <u>April 5, 2018</u>

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

A. Did you, your spouse, or your dependent child:		E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?		F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	
a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?					

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**

**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

**TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

**EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes  No

**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Douglas S. Chir

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Assets and/or Income Sources											
Value of Asset											
Type of Income											
Amount of Income											
<p>Indicate value of asset at close of this reporting period. If your production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, specify the method used.</p> <p><b>For all 401(k) plans:</b> provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p><b>For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</b></p> <p><b>For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.</b></p> <p><b>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</b></p> <p><b>Exclude:</b> Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p><b>If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.</b></p> <p><b>If you so choose, you may indicate that an asset or income source is that of your spouse ("SP") or dependent child ("DC") or jointly held with anyone ("UT"). In the optional column on the far left, for a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</b></p>											
A	B	C	D	E	F	G	H	I	J	K	L
M											
<p>Check all columns that apply. For accounts or assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. <b>Dividends, Interest, and Capital Gains:</b> You may check capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. <b>Check "None" if no income was earned or generated for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.</b></p> <p><b>*Column M is for assets held by your spouse or dependent child in which you have no interest.</b></p>											
<p>Check all columns that apply. For accounts or assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. <b>Dividends, Interest, and Capital Gains:</b> You may check capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. <b>Check "None" if no income was earned or generated for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.</b></p> <p><b>*Column XII is for assets held by your spouse or dependent child in which you have no interest.</b></p>											
<p><b>Current Year</b></p>											
I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
I	II	III	IV	V	VII	VIII	X	XI	XII	I	I
<p><b>Preceding Year</b></p>											
X	X	X	X	X	X	X	X	X	X	X	X
<p>None</p>											
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<p>NONE</p>											
<p>DIVIDENDS</p>											
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<p>CAPITAL GAINS</p>											
<p>EXCEPTED/BLIND TRUST</p>											
<p>TAX-DEFERRED</p>											
<p>Other Type of Income (Specify: e.g., Partnership Income or Farm Income)</p>											
<p>None</p>											
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<p>Spouse/DC Income over \$1,000,000*</p>											
<p>None</p>											
<p>\$1-\$200</p>											
<p>\$201-\$1,000</p>											
<p>\$1,001-\$2,500</p>											
<p>\$2,501-\$5,000</p>											
<p>\$5,001-\$15,000</p>											
<p>\$15,001-\$50,000</p>											
<p>\$50,001-\$100,000</p>											
<p>\$100,001-\$1,000,000</p>											
<p>\$1,000,001-\$5,000,000</p>											
<p>Over \$5,000,000</p>											
<p>Spouse/DC Income over \$1,000,000*</p>											
<p>None</p>											
<p>\$1-\$200</p>											
<p>\$201-\$1,000</p>											
<p>\$1,001-\$2,500</p>											
<p>\$2,501-\$5,000</p>											
<p>\$5,001-\$15,000</p>											
<p>\$15,001-\$50,000</p>											
<p>\$50,001-\$100,000</p>											
<p>\$100,001-\$1,000,000</p>											
<p>\$1,000,001-\$5,000,000</p>											
<p>Over \$5,000,000</p>											
<p>Spouse/DC Income over \$1,000,000*</p>											
<p>None</p>											
<p>\$1-\$200</p>											
<p>\$201-\$1,000</p>											
<p>\$1,001-\$2,500</p>											
<p>\$2,501-\$5,000</p>											
<p>\$5,001-\$15,000</p>											
<p>\$15,001-\$50,000</p>											
<p>\$50,001-\$100,000</p>											
<p>\$100,001-\$1,000,000</p>											

Use additional sheets if more space is required

## **SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Douglas S. Chim

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Assets and/or Income Sources													
BLOCK A		BLOCK B		BLOCK C		BLOCK D							
		Value of Asset		Type of Income						Amount of Income			
SP DC JT	ASSET NAME	EF				I	J	K	L	A	B	C	D
	Oppenheimer IRA - Oppenheimer Portfolio Series: Active Allocation Fund Class R									None			
	T. Rowe Price Trust Co. - T. Rowe Price Mid-Cap Growth (RPMGX)	x								\$1-\$1,000			
	Voya Financial 457 - CCH Stable Value Option	x								\$1,001-\$15,000			
	Voya Financial 457 - PIMCO Total Return Fund Inst	x								\$15,001-\$50,000			
	Voya Financial 457 - CCH Moderate Lifestyle Portfolio	x								\$50,001-\$100,000			
	Voya Financial 457 - Vanguard Trgl Retire 2035 Fund Inv	x								\$100,001-\$250,000			
	Voya Financial 457 - Vanguard Instl Index Fund Inv	x								\$250,001-\$500,000			
	Voya Financial 457 - American Funds Growth Fund R6	x								\$500,001-\$1,000,000			
	Aloha Pacific Federal Credit Union									\$1,000,001-\$5,000,000			
										Over \$5,000,000			
										Spouse/DC Asset over \$1,000,000*			
										NONE			
										DIVIDENDS			
										RENT			
										INTEREST			
										CAPITAL GAINS			
										EXCEPTED/BLIND TRUST			
										TAX-DEFERRED			
										Other Type of Income (Specify: e.g., Partnership income or Farm income)			
		x	x	x	x	x	x	x	x	None	I	II	III
		x	x	x	x	x	x	x	x	\$1-\$200	IV	V	VI
										\$201-\$1,000	VII	VIII	IX
										\$1,001-\$2,500	X	XI	XII
										\$2,501-\$5,000			
										\$5,001-\$15,000			
										\$15,001-\$50,000			
										\$50,001-\$100,000			
										\$100,001-\$1,000,000			
										\$1,000,001-\$5,000,000			
										Over \$5,000,000			
										Spouse/DC Income over \$1,000,000*			
										NONE			
										DIVIDENDS			
										RENT			
										INTEREST			
										CAPITAL GAINS			
										EXCEPTED/BLIND TRUST			
										TAX-DEFERRED			
										Other Type of Income (Specify: e.g., Partnership income or Farm income)			
		x	x	x	x	x	x	x	x	None	I	II	III
		x	x	x	x	x	x	x	x	\$1-\$200	IV	V	VI
										\$201-\$1,000	VII	VIII	IX
										\$1,001-\$2,500	X	XI	XII
										\$2,501-\$5,000			
										\$5,001-\$15,000			
										\$15,001-\$50,000			
										\$50,001-\$100,000			
										\$100,001-\$1,000,000			
										\$1,000,001-\$5,000,000			
										Over \$5,000,000			
										Spouse/DC Income over \$1,000,000*			

**Use additional sheets if more space is required.**

**SCHEDULE C – EARNED INCOME**

Name: Douglas S. Chim

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the senior staff rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below!

Source (include date of receipt for honoraria)	Type	Current Year to Filing		Preceding Year
		Amount	Amount	
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500	
State of Maryland	Salary	\$20,000	\$75,000	
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000	
Ontario County Board of Education	Spouse Salary	N/A	N/A	
State of Hawai'i	Salary	\$44,268	\$144,289	
Hawaiian Dredging Construction Co.	Spouse Salary	N/A	N/A	

**Use additional sheets if more space is required.**

## SCHEDULE D – LIABILITIES

Name: Douglas S. Chir

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**Report** liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a *revolving charge account* (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. **"Column K"** is for liabilities held solely by your spouse or dependent child.

## SCHEDULE E – POSITIONS

**Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.**

Position	Name of Organization	Period
Executive Committee (Uncompensated)	National Association of Attorneys General	(7/16 – 2/18)
Executive Committee (Uncompensated)	Conference of Western Attorneys General	(7/16 – 2/18)
Director (Uncompensated)	Progressive State Leaders	(7/17 – 12/17)
Director (Uncompensated)	American Judicature Society	(1/07 – Present)

Use additional sheets if more space is required.

## SCHEDULE F – AGREEMENTS

Name: Douglas S. Chim

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government services; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
3/13/2015	Filer and Carlsmith Ball LLP	Continuing participation in a defined benefit retirement plan managed by former employer. Employer no longer contributes to the plan.

**SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

**Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years.** This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **E**xclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **D**o not repeat information listed on Schedule C.

**Use additional sheets if more space is required.**